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## **FEC FORM 2**

## STATEMENT OF CANDIDACY

	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\							
1. (a	a) Name of Candidate (in full)							
	Jason T Smith		-1.16 1.1	1-		10.0	J	li consile si o
(t	o) Address (number and street) PO Box 1324	□ Che	ck if addres	s changed		2. Candidate's FEC I H4MO08162	Identification N	Number
(0	c) City, State, and ZIP Code					3. Is This	New	Amended
	Cape Girardeau		MO	6370	2-1324	Statement	(N) OR	× (A)
4. P	arty Affiliation	5. Office Sought			6. State & Dist	rict of Candidate		
ι	JNKNOWN	House			МО	08		
	DE	SIGNATION	OF PRI	NCIPAL	CAMPAIGI	N COMMITTEE		
7. I	hereby designate the following nar	med political comm	nittee as my	y Principal (	Campaign Comr	mittee for the 2016 (year of e	election)	on(s).
	OTE: This designation should be to	filed with the appro	opriate offic	e listed in th	ne instructions.			
(8	a) Name of Committee (in full)							
	Jason Smith for Cor	ngress						
(Ł	o) Address (number and street)							
(*	PO Box 1324							
(0	c) City, State, and ZIP Code							
	Cape Girardeau				MO	63702-1324		
8. I	<b>DE</b> hereby authorize the following nan	(Inc	luding Joint	Fundraisin	g Representativ	•	expend funds	on behalf of my
	andidacy.	,		71	7.3	,		,
N	OTE: This designation should be f	iled with the princi	ipal campai	gn committe	ee.			
(8	a) Name of Committee (in full)							
	Pioneer Project							
(k	o) Address (number and street) 2470 Daniels Bridge Rd							
	2470 Barnelo Briago Na							
(0	c) City, State, and ZIP Code							
	Athens				GA	30606-6187		
	I certify that I have exa	mined this Statem	nent and to	the best of	my knowledge a	and belief it is true, corr	ect and compl	ete.
Sign	nature of Candidate					Date		
	n T Smith			(TI)		03/23/2015		
				[Eleci	ronically Filed]	00/20/2010		
NOT	E: Submission of false, erroneous	, or incomplete info	ormation m	ay subject t	ne person signi	ng this Statement to pe	nalties of 2 U.	S.C. §437g.
1								

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: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: F2A Transaction ID :

Form/Schedule: Transaction ID:

## FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

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## [ADDITIONAL] **DESIGNATION OF OTHER AUTHORIZED COMMITTEES** (Including Joint Fundraising Representatives) I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) Smith Victory (b) Address (number and street) 2470 Daniels Bridge Rd (c) City, State and ZIP Code Athens GΑ 30606-6187 [ADDITIONAL] **DESIGNATION OF OTHER AUTHORIZED COMMITTEES** (Including Joint Fundraising Representatives) I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) (b) Address (number and street) (c) City, State and ZIP Code [ADDITIONAL] **DESIGNATION OF OTHER AUTHORIZED COMMITTEES** (Including Joint Fundraising Representatives) I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) (b) Address (number and street) (c) City, State and ZIP Code